EXECUTIVE SUMMARY

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Enhancing the coordination of housing supports for individuals leaving institutional settings

From the AHURI Inquiry: Inquiry into enhancing the coordination of housing supports for individuals leaving institutional settings

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Related reports and documents

Duff, C., Hill, N., Blunden, H. valentine, k., Randall, S., Scutella, R. and Johnson, G. (2021) *Leaving rehab: enhancing transitions into stable housing,* AHURI Final Report No. 359, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/359, doi: 10.18408/ahuri5321101.

Martin, C., Reeve, R., McCausland, R., Baldry, E., Burton, P., White, R. and Thomas, S. (2021) *Exiting prison with complex support needs: the role of housing assistance,* AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/361, doi: 10.18408/ahuri7124801.

Martin, R., Cordier, C., Jau, J., Randall, S., Thoresen, S., Ferrante, A., Chavulak, J., Morris, S., Mendes, P., Liddiard, M., Johnson, G., and Chung, D. (2021) *Accommodating transition: improving housing outcomes for young people leaving OHC,* AHURI Final Report No. 364, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/364, doi: 10.18408/ahuri8121301.

Executive summary

Key points

- Transitions out of institutional settings—inpatient mental health care, residential substance use services, out-of-home care (OHC), and corrections—are associated with significant risks of housing insecurity, which can be greatly reduced by more effective service coordination.

- More effective service coordination is especially critical between separate service systems (e.g. housing, mental health, substance use, family services and corrections). Enhanced coordination between these sectors is crucial to reduce the risks of housing insecurity for individuals leaving institutional settings.

- There is considerable variation in the ways housing issues are managed within these settings, and discrepancies in the quality and duration of housing support available to individuals when they leave.

- As the complexity of service provision grows, there is evidence that service coordination roles can effectively promote service integration. To be effective, staff in these roles should have clear responsibilities to identify and maintain formal practices of service coordination with a strong focus on maintaining transparency and accountability.

- There is emerging evidence that service coordination roles should be supplemented and supported by greater involvement of 'peer', 'consumer' and/or 'service user' representatives in service coordination.

- 'Best practice' programs around the country indicate how services can be more effectively coordinated to support improved housing outcomes for individuals leaving institutional settings.

The study

The overall aim of this Inquiry was to develop clear policy directions for enhancing housing supports for individuals leaving institutional settings. The Inquiry focused empirical analysis on three institutional domains:

- Residential treatment for mental health and/or substance use problems: Project A (Duff, Hill et al. 2021)
- Custodial components of the criminal justice system: Project B (Martin, Reeve et al. 2021)
- Out-of-home care (OHC): Project C (Martin, Cordier et al. 2021).

Our goal has been to identify opportunities for enhanced service coordination between housing support and social care providers to improve transition planning for individuals leaving these institutional settings. The Inquiry has also sought to identify how housing services may more effectively address the unique support needs of diverse cohorts moving between institutional settings. Our key research questions were:

- **RQ 1:** What are the most effective ways of tailoring and delivering housing supports for individuals exiting institutional settings?
- **RQ 2:** How does institutionalisation mediate the risk of 'post-exit' housing insecurity, and how do housing and social supports moderate this risk?
- **RQ 3:** How effective is existing service integration between housing and other sectors in transition planning in residential treatment, criminal justice, and out-of-home care (OHC)?
- **RQ 4:** What are the best examples of coordinated post-exit transition planning, nationally and internationally, and what lessons can be learned from these examples for other settings?

The Inquiry program involved original research in three projects (A, B and C), and some original research at the Inquiry level. The table below summarises each component's institutional domain and major data sources.

Summary of research domains and data sources

Inquiry component	Institutional domain	Administrative data	Other data
Project A **(Duff, Hill et al. 2021)**	Residential treatment (mental health/substance use)	DHHS Victoria	Interviews with stakeholders and service users
Project B **(Martin, Reeve et al. 2021)**	Prison	NSW Government/ UNSW MHDCD dataset	Interviews with stakeholders and service users
Project C **(Martin, Cordier et al. 2021)**	Out-of-home care	DHHS Victoria	Interviews with stakeholders and service users
Inquiry	Cross domain analysis of residential treatment, out-of-home care, and juvenile justice	DHHS Victoria	

Projects A and C, and the Inquiry-level research, drew on linked administrative data (LAD) maintained at the Victorian Department of Health and Human Services (DHHS) within the Centre for Victorian Data Linkage (CVDL). This included data from across the health sector (hospital admissions, emergency department presentations); community health (acute and community mental health services and substance use services); housing (housing applications, housing tenancies and homelessness data); and justice (youth justice, child protection, family violence, sexual assault services). Analysis of these sources has shed light on pathways into and out of institutional settings, including service use patterns, risk profiles and the mediating effects of cultural diversity. The service use patterns of three distinct cohorts have been investigated, with unique findings reported in the individual Inquiry reports as follows:

a. Residential treatment (mental health/substance use) cohort

The service utilisation patterns of a cohort of young people aged 16–25 years who were discharged from acute mental health services from January 2013 to December 2014 were assessed alongside pre- and post-exit service utilisation as part of Project A.

b. Juvenile justice cohort

Pre- and post-exit service utilisation patterns of a cohort of young people aged 16–18 years who were released from Victorian juvenile detention centres from January 2013 to December 2014. This cohort is included in the analysis conducted at the Inquiry program level, exploring pathways and transitions into and between these institutional domains to clarify key risk and protective factors to guide innovative transition planning.

c. Out-of-home care (OHC) cohort

The service utilisation patterns of all persons aged 16–18 years who exited the Victorian OHC system from January 2013 to December 2014 were assessed alongside pre- and post-exit service utilisation (i.e. 2-year retrospective and 4+ years from time of exit) as part of Project C reporting.

In addition, Project B drew on LAD from NSW Government agencies maintained by UNSW in the Mental Health Disorders and Cognitive Disabilities (MHDCD) dataset. These are de-identified linked data about 2,713 persons who were in prison in NSW at some point between 2001 and 2008, and relate to each person's contact with criminal justice, health, community services and housing agencies before, during and after prison.

Each project also involved original qualitative research with agency representatives and services users to probe models and experiences of transition planning.

Major research themes and findings

Failure to adequately plan for and support safe transitions from institutional settings into secure and affordable housing can have catastrophic consequences for individuals leaving these settings, with strong impacts on their housing security, health and wellbeing, and economic and social participation in the community. By canvassing options for improving discharge and transition planning in a range of institutional settings across NSW, Victoria, Tasmania and Western Australia, this report identifies significant opportunities to reform transition planning to enhance housing security and support the health and wellbeing of individuals leaving these settings.

Our research provides strong endorsement of the 'housing first' model as a guide to enhance the coordination of diverse health and social care supports for individuals transitioning out of institutional settings. In this approach, housing provision and support is central, and there are no behavioural prerequisites to be met before an individual is provided with suitable accommodation. Housing first models provide insights into effective practices and service models to support enhanced discharge and transition planning for individuals exiting complex care settings, emphasising the importance of secure housing as a condition of effective post-exit support.

Each of our data sources (linked data analysis along with qualitative data collected via interviews with service providers working in each of the three service domains noted above, and individuals with recent experiences of these settings) highlight points of interception where service coordination can be significantly improved. Focussing effort at these points can improve health and housing outcomes for individuals accessing services, while reducing economic and social costs.

In further exploration of the effects of service contact on housing trajectories, our qualitative research reveals inconsistent and sometimes ineffective transition planning arrangements across and between the three service system domains addressed at the Inquiry project level. This work confirms that housing, corrections and youth justice, out-of-home care, mental health and substance use treatment sectors remain largely separate service systems with little formal integration and coordination. There is significant scope, therefore, to enhance the integration of housing supports within and across these sectors, along with other health and social care supports as needed, through more formal and systemic organisational and governance arrangements.

Poor integration and a lack of coordination result in significant unmet need resulting in higher rates of inpatient care, increased need for substance use treatment, ongoing offending and other criminal justice costs, and greater pressure on specialist homelessness services (SHS) following an individual's institutional exit. Failures in service and support, that often precede experiences of housing insecurity, result in increased social and economic costs. Individuals entering and exiting institutional settings typically have complex health and social care needs, requiring significant post-care coordination between diverse care providers.

However, we discovered a significant gap between how care and service coordination is supposed to work in practice and what is commonly experienced by individuals exiting institutional spaces. Certainly, we identified instances of best practice in service delivery, along with many examples of poor transition planning.

Our findings suggest grounds for enhancing the design of post-exit support packages in order to more effectively meet the health and social care needs of individuals exiting institutional settings. Transition packages ought to be designed and delivered on the basis of what they enable an individual to do or achieve in their everyday life following their exit. Transitional services and supports ought to be tailored to individual needs in relation to formal and informal 'material supports' such as housing, employment, education, training and income support, along with formal and informal 'social supports' including community integration and belonging, social inclusion and family support arrangements.

Furnishing the material and social supports central to the experience of a 'liveable life' ought to be the key focus of transition planning for individuals exiting institutional settings, taking in their formal and informal housing, health and social care needs. Such a focus shifts the design of transition planning beyond the immediate goals of a specific organisation to emphasise an individual's unique support needs.

Policy development options and recommendations

Our research makes a compelling case for the more formal integration of SHS into a broader range of institutional settings across the country, given the significant risks of housing insecurity that many individuals experience in these settings, including all too common experiences of homelessness.

There are several examples of good practice to guide these efforts, including innovative programs like 'Journeys to Social Inclusion' and 'Green Light' in Victoria, The Living Independently for the First Time (LIFT) program in Western Australia and the Housing and Accommodation Support Initiative (HASI) and the Extended Reintegration Service in NSW. These programs demonstrate the benefits of more formal integration of housing, health and social supports, proving that long-term stable housing can be sustained for individuals regardless of the complexity of their health, housing and social support needs.

The task now is to scale up these endeavours to ensure that all Australians who need support receive it. Equally critical is the need to increase funding for the provision of social housing to guarantee access to secure housing for all Australians who require it.

On the basis of analysis presented in this report, we identify the following policy issues:

- Housing affordability, social housing shortages and lack of supported housing remain key challenges for individuals leaving institutional settings around the country.

- Housing/homelessness, OHC, criminal justice, mental health and substance use treatment remain separate service systems with only partial coordination.

- Within these systems, there is unmet need for housing support, as well as significant resource constraints on coordination between health and social care systems.

- There is scope to enhance the role of government and external community service providers in case conferencing and coordination in institutional settings to improve the integration of housing support for individuals at risk of (or experiencing) housing insecurity, including providing wrap around supports tailored to individual needs.

- Individuals exiting institutional settings express strong preferences for greater choice and control over their post-exit housing trajectories.

- Addressing these outstanding challenges will require significant service reforms. In particular, the widespread emphasis across institutional settings on bureaucratic and administrative processes over and above an individual's care needs must be reversed.

Also important is the need to ensure that SHS are further integrated into institutional settings through service and system design innovations. At a practical level, this could include the introduction of novel housing assessment tools to guide care-planning protocols so that individuals in need of (or who may benefit from) housing support are identified at entry, with a particular emphasis on housing history, prior contact with health and social care services, ender and Indigeneity. These assessments can then inform tailored transitional arrangements to ensure better 'after care' services to more effectively support the housing needs of individuals leaving institutions. The existing peer workforce, along with lived experience advisory groups, are a significant source of expertise to guide this work.

Our research also has important implications for the organisation of social care services and supports—for example, in terms of work design issues, leadership and governance approaches, role descriptions and task allocations— across and between SHS, mental health care, substance use treatment, corrections and out-of-home care services in Australia. Within these service systems, service pathways are becoming more complex, with significant impacts on workforce development challenges across the broad health, housing and social care landscape.